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## APPLICANTS

Helmut Barfuss, Erlangen, GERMANY;

Gerold Herold, Erlangen, GERMANY;  
Michael Scheuering, Erlangen, GERMANY; Siegfried Wach, Hochstadt, GERMANY;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

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## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING 5	TOTAL CLAIMS 20 ✓	INDEPENDENT CLAIMS 2 ✓
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Met after Allowance Initials			

## ADDRESS

26574  
 SCHIFF HARDIN, LLP  
 PATENT DEPARTMENT  
 6600 SEARS TOWER  
 CHICAGO , IL  
 60606-6473

## TITLE

Method and apparatus for matching at least one visualized medical measured result with at least one further dataset containing spatial information

FILING FEE RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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